

226916

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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85-564-T

COPY

Posted: ADD

DATE: November 23, 2010

Dept: S.A. / ORS

Please consider this as my Request for **Suspension** of:

Date: 11/24/10

☐ Class C Taxi Certificate Number _____

Time: 4:00

☐ Class C Charter Certificate Number _____

☐ Class C Charter Bus Certificate Number _____

☐ Non-Emergency Certificate Number _____

☐ Class E Household Goods Certificate Number _____

☐ Class E Hazardous Wastes Certificate Number _____

NOV 24 2010

PSC SC
CLERK'S OFFICE

I request that my certificate be suspended until February 24, 2011.

Date: (XX/XX/XXXX)

COASTAL TRANSIT SYSTEMS, INC.
(Name of Company)

D/B/A
(if applicable)

706 38th Avenue North
(Street and or Mailing Address)

Myrtle Beach, South Carolina 29577
(City, State, Zip Code)

(843) 448-3116
(Telephone Number)

[Signature]
(Signature and Title, i.e, President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Coastal Transit Systems, Inc. has a Class A Restricted classification. We need
to suspend the service due to the economy. All of the riders who used the van
are on lay-off at this time.